



**COMPASSION COMMUNITY CLINIC (CC Clinic)  
EMPLOYEE / VOLUNTEER APPLICATION**

**Mission Statement:** *Compassion Community Clinic is a faith-based clinic providing free dental care to underserved adults in Northern Nevada through Jesus Christ, the Great Healer*

**THERE ARE MANY WAYS TO HELP CC CLINIC ACCOMPLISH ITS MISSION. PLEASE CHECK YOUR AREAS OF INTEREST:**

**PAID POSITIONS:**

- EXECUTIVE DIRECTOR, FT
- CLINIC ADMINISTRATOR, FT
- VOLUNTEER COORDINATOR, PT
- PATIENT COORDINATOR, PT
- DENTAL ASSISTANT, PT

**VOLUNTEER POSITIONS\*:**

- PRAYER PARTNER
- DENTAL ASSISTANT (VOLUNTEER)
- FUND RAISING COMMITTEE
- SOCIAL MEDIA AND/OR WEBMASTER
- GRANT WRITER MANAGER
- NEWSLETTER EDITOR
- FACILITY MAINTENANCE
- IT TECHNICIAN
- MARKETING/COMMUNITY RELATIONS
- OTHER

***\*Dentists & Registered Dental Hygienists: Please complete the Dental Professional Volunteer App. instead\****

**PERSONAL HISTORY:**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME/RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

**DO YOU HAVE A CHURCH HOME?** NO \_\_\_ YES \_\_\_ NAME \_\_\_\_\_

**EDUCATION:** Highest degree or diploma gained \_\_\_\_\_ Year \_\_\_\_\_

**EMPLOYMENT:** May we contact your employer? NO \_\_\_ YES \_\_\_ EMPLOYER \_\_\_\_\_

CURRENT JOB TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

**PHYSICAL LIMITATIONS:** NO \_\_\_ YES \_\_\_ PLEASE EXPLAIN \_\_\_\_\_

**PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TALENTS AND SKILLS YOU WOULD LIKE TO SHARE:** Special skills, training or hobbies

\_\_\_\_\_  
\_\_\_\_\_

**LANGUAGES:** Other than English, please list others that you speak or write well \_\_\_\_\_

**PLEASE WRITE A BRIEF STATEMENT ABOUT WHY YOU WANT TO VOLUNTEER / SEEK EMPLOYEMENT HERE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** (Please do not use relatives.)  
(Dental Assistant Applicants-please include one professional dental reference)

|                      |                      |
|----------------------|----------------------|
| <b>Reference #1:</b> | <b>Reference #2:</b> |
| NAME _____           | NAME _____           |
| RELATIONSHIP _____   | RELATIONSHIP _____   |
| PHONE _____          | PHONE _____          |
| E-MAIL _____         | E-MAIL _____         |

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HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? NO\_\_\_ YES\_\_\_  
IF YES, WHAT CHARGE \_\_\_\_\_  
DATE CONVICTED \_\_\_\_\_ WHERE \_\_\_\_\_

**\*\*PLEASE NOTE THAT AN OFFENSE DOES NOT AUTOMATICALLY EXCLUDE YOU.\*\***

To be considered for a position at Compassion Community Clinic, you must have:  
No record of assault, violent criminal offenses and/or weapons charges  
No record of illegal drug charges of any type in the past 10 years  
No record of sexual related charges of any type  
No record of theft or robbery charges

- I agree that I am a US citizen or legal resident
- I agree to submit to Compassion Community Clinic’s background check process
- When working for CC Clinic I agree to not detract from or undermine the Statement of Faith
- The information provided in this application is accurate and true

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SIGNATURE OF APPLICANT

DATE

**Please send completed application to:**  
Compassion Community Clinic  
6015 So. Virginia #E, PMB 368  
Reno, NV 89502

***Thank you for applying! We will contact you within 1 week of receiving your application.***

*“This is what the LORD Almighty says “... show mercy and compassion to one another” Zec 7:9NIV*